

**ANNEX L (RECOVERY OPERATIONS)****REFERENCES:**

1. Base OPLAN.
2. Continuity of Operations Plan, Centers for Disease Control and Prevention, June 29, 2005
3. Draft Influenza Pandemic Annex to the Continuity of Operations Plan, Centers for Disease Control and Prevention, Sep 2006
4. Integrated Emergency Management Plan, Centers for Disease Control and Prevention, Version 4, April 2006

1. SITUATION

- a. An influenza pandemic attack upon the United States will likely unfold over a period of 12-18 months.
- b. Influenza pandemics usually attack in multiple waves. It can be in the same year or in successive flu seasons. The second wave usually hits 3-9 months after the first wave and can be more severe in morbidity and mortality.
- c. Each pandemic wave may last 6-8 weeks.
- d. Absentee rates of 40% can be expected at the height of the pandemic.
- e. The influenza infection rate is estimated to be 30% (90 million) of the United States population.
- f. The death rate from an influenza pandemic event in the United States is estimated to be 2% (1.8 million) of those infected, although it could be greater.
- g. Influenza vaccine may not be available to mitigate the first wave of illnesses. Vaccine may not be widely available to the general public by the second wave of illness. Non pharmaceutical interventions and the use of prophylaxis medicines will be the main lines of defense against pandemic influenza until the availability of vaccine.





2. MISSION.

To conduct facility and personnel recovery operations after each wave and after completion of the pandemic event.

3. EXECUTION

Concept of Operations:

The Centers for Disease Control and Prevention (CDC) will likely experience the same morbidity, mortality and absentee rates as the general population through the first wave of illness. Once a vaccine is developed, probably prior to the second wave of illness, key and essential CDC employees will likely be among those vaccinated with the initial batches of influenza vaccine. From the beginning of the influenza pandemic event until the availability of the influenza vaccine, perhaps 4-6 months after the identification of the strain of virus, CDC will face the same personnel and facility recovery challenges as other organizations throughout the United States. Limited recovery operations will be conducted after each pandemic wave; full recovery operations will be conducted after the end of the pandemic. CDC recovery operations will be guided by the following principles:

- a. Identify those organizational functions that are key and essential to be performed throughout the pandemic period.
- b. Assign employees and other resources to support these key and essential functions. Cross-train employees to perform one or more jobs in support of these functions. Of particular value to the organization are those employees who have recovered from the pandemic influenza – barring a change in the strain of virus, they will be immune from subsequent waves of illness.
- c. Prioritize CDC employees for pandemic influenza vaccinations based upon risk factors and criticality for mission accomplishment. These employees should also be assigned to key and essential duties during the pandemic.
- d. Identify those employees who are likely to be long term absentees – i.e., those who must be caregivers for children who are not in school due to school closings. Build recovery plans assuming their absence or ability to work from home until the pandemic ends or vaccine is available to those receiving their care.





- e. Plan on some employees having severe enough psychosocial maladies that will affect their efficiency at the job or even their ability to work. Provide counseling if resources are available.
- f. Internal recovery operations must be synchronized with recovery efforts at the Department of Health and Human Services and SLTTs. This ensures that key functions are resourced and functioning at the appropriate levels and times until the pandemic is over.
- g. Common use areas in CDC facilities should be cleaned and sanitized to kill any remaining influenza viruses.
- h. Work areas that were reconfigured to support essential influenza response operations must be returned to pre-pandemic configurations to support regular CDC operations. Return employees to their regular duties as the situation permits.
- i. Special efforts will be necessary to support employees' requests for sick leave adjustment, personal time off, etc. Special attention must be paid to any emergency rules enacted to ameliorate the unplanned time off that employees took to cope with illness or care giving.
- j. Recover from interruptions caused in the supply system (IT systems, office supplies, refuse pickup, etc.) and normalize standard procedures.
- k. Recall and reintegrate deployed CDC personnel.
- l. Update job descriptions of deceased employees and others who do not return to work. Expedite the recruitment and hiring processes to fill these vacancies.
- m. Within its own reduced capabilities during internal recovery operations, CDC will make every effort to assist SLTT health departments in their recovery.

4. SUPPORT SERVICES

Refer to Base OPLAN and Annex I (Support Services).

5. MANAGEMENT AND COMMUNICATIONS

Refer to Annex K (Information Management)

